

PD9000018279

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art. of Cor w/note.  
C.COULLETTE

MAR 16 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIL DENTAL, PA

(Name of Corporation)

**DOCUMENT NUMBER:** P09000018279

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher M. Campus

(Name of Contact Person)

LIL Dental, P.A.

(Firm/Company)

12950 Lillian Highway

(Address)

Pensacola, FL 32506

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher M. Campus

(Name of Contact Person)

at ( 850 ) 776-3111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ENCLOSURE  
P09000018279

ARTICLES OF CORRECTION

for

LIL DENTAL, PA

Name of Corporation as currently filed with the Florida Dept. of State

P09000018279

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation,  
(Document Type Being Corrected)

filed with the Department of State on February 26, 2009,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

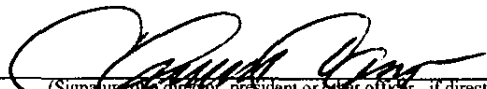
LIL DENTAL, PA should have been LIL DENTAL, P.A.

The periods in P.A. were inadvertently left off and are required.

Correct the inaccuracy, incorrect statement, or defect:

The name of the corporation is: LIL DENTAL, P.A.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Christopher M. Campus

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00